

# Application Data Sheet

## Application Information

<b>Application number:</b>	10/566,540
<b>Filing Date:</b>	
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CFR:</b>	
<b>Title:</b>	PEDF-R RECEPTOR AND USES
<b>Attorney Docket Number:</b>	NIHA-0238
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	1A
<b>Total Drawing Sheets:</b>	30
<b>Small Entity?:</b>	No
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Sofia
<b>Middle Name:</b>	Patricia
<b>Family Name:</b>	Becerra
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Bethesda
<b>State or Province of Residence:</b>	MD
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	6218 Stoneham Court
<b>City of mailing address:</b>	Bethesda
<b>State or Province of mailing address:</b>	MD
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20817

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Italy
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Luigi
<b>Middle Name:</b>	
<b>Family Name:</b>	Notari
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Washington
<b>State or Province of Residence:</b>	DC
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	1103 "R" Street NW
<b>City of mailing address:</b>	Washington
<b>State or Province of mailing address:</b>	DC
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20009

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Jorge
<b>Middle Name:</b>	
<b>Family Name:</b>	Laborda
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Albacete
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Spain
<b>Street of mailing address:</b>	Plaza de la Mancha, 15, 3F
<b>City of mailing address:</b>	Albacete
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Spain
<b>Postal or Zip Code of mailing address:</b>	02001

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Julio
<b>Middle Name:</b>	
<b>Family Name:</b>	Escribano-Martinez
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Albacete
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Spain
<b>Street of mailing address:</b>	Alcalde Martinez de la Ossa n°1 (131)
<b>City of mailing address:</b>	Albacete
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Spain
<b>Postal or Zip Code of mailing address:</b>	02001

## Correspondence Information

<b>Correspondence Customer No.:</b>	45160
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	45160
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## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This application	An application claiming the benefit under 35 USC 119(e)	60/579,177	June 12, 2004
This application	An application claiming the benefit under 35 USC 119(e)	60/493,713	August 7, 2003

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

## Assignee Information

<b>Assignee name:</b>	The Government of the United States of America as Represented by the Secretary, Department of Health and Human Services
<b>Street of mailing address:</b>	6011 Executive Boulevard, Suite 325
<b>City of mailing address:</b>	Rockville
<b>State or Province of mailing address:</b>	MD
<b>Country of mailing address:</b>	US
<b>Postal or Zip Code of mailing address:</b>	20852-3804